

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CV	503	06-15-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1091	8-27-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 -+ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	8-20-00
2	8-20-00
3	8-20-00
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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1091-6
5-25-01